



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: INCIDENT MANAGEMENT POLICY 12.01

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Authority: 42 CFR 483.13 and 483.420  
Chapters 26.44, 43.20A, 70.124, 71A, and 74.34 RCW

Reference: DSHS Administrative Policy 2.08, *Media Relations Policy*  
DSHS Administrative Policy 6.01, *Allegations of Employee Criminal Activity*  
DSHS Administrative Policy 8.02, *Client Abuse*  
DSHS Administrative Policy 9.01, *Incident Reporting*  
DSHS Administrative Policy 9.03, *Administrative Review – Deaths of Residential Clients*  
DDD Policy 5.13, *Protection from Abuse*  
DDD Policy 7.05, *Mortality Reviews*

**PURPOSE**

This policy provides guidelines for employees of the Division of Developmental Disabilities (DDD) for timely reporting of serious and emergent incidents harming and/or threatening the health and safety of DDD clients. It also describes responsibilities for review, resolution, correction, and prevention.

**SCOPE**

This policy applies to all DDD employees, including State Operated Living Alternatives (SOLA), and all volunteers, interns, and work-study students. DDD certified, contracted residential service providers must follow the procedures and directions in DDD Policy 6.12, *Residential Reporting Requirements Including Abuse/Neglect Reporting*.

**POLICY**

Each Field Services office (FSO), Residential Habilitation Center (RHC), and State Operated Living Alternative (SOLA) must have procedures for managing serious and emergent incidents. Each facility and field office must report these incidents to make sure that management has the

information necessary to review, analyze, provide support, correct, and take preventive measures.

These procedures must include, at a minimum:

- A. Prompt and accurate reporting within the chain of command;
- B. Instructions on how to conduct thorough, confidential, and speedy review and follow up;
- C. Training of staff, especially supervisors, in incident management procedures;
- D. Assurance that plans of corrective action and prevention are in place, and that the review reaches closure in a timely manner;
- E. Tracking and regular analysis of incidents and trends to reduce the likelihood of reoccurrence; and
- F. Incorporating pertinent findings into all administrative areas as necessary for quality assurance purposes.

## **PROCEDURES**

- A. Reporting to Adult Protective Services (APS), Child Protective Services (CPS), Complaint Resolution Unit (CRU) or Law Enforcement: [Chapters 26.44 RCW](#) and [74.34 RCW](#) mandate the reporting of any suspected abuse, neglect, abandonment or financial exploitation against children or vulnerable adults to be reported to the appropriate investigative authorities. For mandatory reporting information and statutory definitions, refer to DDD Policy 5.13, *Protection from Abuse*.
- B. Reporting Death: Report all known deaths to DDD Central Office. Also report the death immediately to the person's parent and/or legal representative and to county or city coroner's office and local law enforcement, as necessary. Conduct a review of all deaths according to the guidelines contained in DDD Policy 7.05, *Mortality Reviews*, and DSHS Administrative Policy 9.03, *Administrative Review-Deaths of Residential Clients*.
- C. Reporting within DDD: The Regional Administrator or designee must ensure serious and emergent incidents as described in Attachment A are reported to DDD Central Office. Refer to the Definitions and Reporting Timelines section of this policy for definitions of incident types.
  - 1. Incident reports must be electronically transmitted through the DSHS-DDD Electronic Incident Reporting System within the timelines described under Reporting Timelines and Definitions; **or**

2. If the Electronic Incident Reporting System is down or inaccessible, incident reports may be faxed. Use [DSHS 20-192, Administrative Report of Incidents](#) when faxing reports. All Central Office reportable incidents must be entered into the electronic system as soon as the system is accessible.
3. Regional Quality Assurance staff or designee must review all incident reports, follow up reports, and monitor for timely processing.

D. Reporting Employee Misconduct:

1. For represented positions, follow procedures described in the Collective Bargaining Agreements. All personnel actions must be handled in accordance with DSHS Personnel Policies, Merit System Rules, and labor-management agreements. Incident investigations shall be conducted in a professional manner. All investigations are considered confidential and shall be conducted with rights of representation.
2. Employee misconduct which involves a client, jeopardizes client health and safety, or involves suspected abuse/neglect must be entered into the electronic incident reporting system. Employee misconduct that does not harm or pose the threat of harm to clients is not recorded or tracked through the incident reporting system.
3. Access to investigative reports must be limited to those persons designated by the Regional Administrator or Division Director.

### **DEFINITIONS AND REPORTING TIMELINES**

Serious and Emergent Incidents means any situations, events, or actions having occurred or occurring unexpectedly, requiring immediate action, and which might cause the media or a citizen to request information per DSHS Administrative Policy 9.01, *Incident Reporting*.

Reporting timelines are as follows:

- A. Phone call to Central Office within one hour of the region becoming aware, followed by Electronic IR within one (1) working day
1. Known media interest or litigation must be reported to the Regional Administrator and Central Office (CO) within one (1) hour. If the issue also meets other incident reporting criteria, follow with Electronic IR within one (1) working day.
  2. Death of any client at a RHC or SOLA.

3. Suspicious deaths of clients (suspicious or unusual, likely to result in law enforcement, APS or CPS investigation). For all other deaths, refer to section B.7.
  4. Natural disaster or conditions threatening the operations of the program or facility.
  5. Alleged sexual abuse of a client by DSHS employee, volunteer, licensee or contractor. "Sexual abuse means any form of nonconsensual sexual contact, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person and a vulnerable adult receiving service from a program whether or not it is consensual" ([RCW 74.34](#)).
  6. Alleged sexual abuse of a child by a DDD client.
  7. Clients missing from SOLA or RHCs in all cases where a missing person report is being filed with law enforcement. For all other missing clients, see Section B.6.
  8. Injuries resulting from abuse/neglect or of unknown origin requiring hospital admission.
  9. Client arrested with charges or pending charges for a violent crime as defined in [RCW 9.94A 030\(45\)](#).
- B. Electronic IR System within one (1) working day of the region becoming aware
1. Alleged or suspected criminal activity, including abuse, neglect and exploitation by a DSHS employee, volunteer, licensee or contractor which may impact staff's ability to perform employment duties or poses a risk to client health and safety.
  2. Criminal activity by clients resulting in a case number being assigned by law enforcement.
  3. Alleged sexual abuse of a client (if not reported under Section A.5 or A.6 above).
  4. Injuries resulting from alleged or suspected client to client abuse requiring medical treatment beyond First Aid. This means medical care that must be administered by a medical professional (e.g., fractures, sutures, staples).
  5. Injuries of a known cause other than abuse resulting in hospital admission.

6. Missing Person: A person who is receiving 40 hours of service per month or more and who misses his/her scheduled appointment and cannot be contacted for two hours is considered missing, unless the client's service plan indicates an alternative time plan. A person who receives 24-hour supervision/support is considered missing when he/she is out of contact with staff for more than two hours without prior arrangement or unless the client's service plan indicates an alternative time plan:
    - a. A person without good survival skills may be considered in "immediate jeopardy" based on his/her personal history regardless of hours served. A person may be considered missing if they are in immediate jeopardy when missing for any period of time. This includes clients with community protection issues.
    - b. It is considered a reportable incident when law enforcement is contacted about an individual and/or law enforcement independently finds and returns the individual, regardless of the length of time he or she was missing.
  7. Death of a client (not reported under Section A).
  8. Admission to Eastern State Hospital or Western State Hospital.
- C. Electronic IR System within five (5) working days of region becoming aware
1. Serious injuries of known origin requiring medical treatment beyond First Aid, but not a hospital admission. More discretion may be used for clients residing in RHCs, especially for injuries treated on campus.
  2. Life threatening medically emergent condition: Life threatening conditions that cannot be classified as injuries, which require treatment by emergency personnel or inpatient admission.
- It is not necessary to report the following medical conditions to Central Office:
- a. Treatment of an acute or chronic illness that is not life threatening;
  - b. The assessment of a condition without treatment by a medical or health professional;
  - c. Hospital admissions for scheduled tests or medication reviews;
  - d. Scheduled treatment of medical condition on an outpatient basis; or

- e. Seizures not meeting the definition of medically emergent condition.
3. Mental health inpatient admission to a psychiatric facility other than Eastern or Western State Hospitals.
4. Non-accidental property destruction by a client over two hundred dollars (\$200.00).
5. Restrictive procedures implemented under emergency guidelines described in DDD Policy 5.15, *Use of Restrictive Procedures*; and DDD Policy 5.17, *Physical Intervention Techniques*. Restrictive interventions described in an approved Behavior Support Plan (BSP) are not considered emergency applications.
6. Neglect as defined in [RCW 74.34](#):
  - a. A pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or
  - b. An act or omission that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety.
7. Substantiated findings reported by APS, CPS or Residential Care Services (RCS).
8. Patterns of client to client abuse as defined in [RCW 74.34.035](#)
  - a. There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or
  - b. There is an attempt to choke a vulnerable adult.
9. Medication error causing injury/harm, or a pattern of errors, as assessed by a medical or nursing professional.
10. Sexual exploitation not otherwise reported under the category of abuse and sexual abuse (see Section B.1. and 3).
11. Serious Community Protection Program treatment violations not otherwise defined.

12. Suicide threat/attempt/gesture/para-suicidal behavior (i.e., the intentional and voluntary attempt or threat to take one's own life by someone *with the capacity to do so*).

**EXCEPTIONS**

No exceptions to this policy may be granted without the prior written approval of the Division Director.

**SUPERSESSSION**

DDD Policy 12.01  
Issued May 23, 2004

DDD Policy 12.01  
Issued January 17, 2002

DDD Policy 12.01  
Issued June 27, 1997

DDD Policy 12.01  
Issued December 1993

Policy Directive 104  
Issued September 1991

Policy Directive 310.5  
Issued February 1990

Policy Directive 310.2  
Issued November 1986

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: 2/17/2005

## ATTACHMENT A

### DDD Policy 12.01 Reporting Timelines

Phone call to Central Office within <b>1 Hour</b> followed by Electronic IR within <b>1 Working Day</b> <b>(A)</b>	Electronic IR Database Within <b>1 Working Day</b> <b>(B)</b>	Electronic IR Database within <b>5 Working Days</b> <b>(C)</b>
<ol style="list-style-type: none"> <li>1. <b>Known media Interest or litigation</b> must be reported to Regional Administrator &amp; CO within 1 hour. If issue also meets other incident reporting criteria, follow with Electronic IR within 1 working day.</li> <li>2. <b>Death of a RHC or SOLA client.</b></li> <li>3. <b>Suspicious deaths</b> (suspicious or unusual).</li> <li>4. <b>Natural disaster</b> or conditions threatening the operations of the program or facility.</li> <li>5. <b>Alleged sexual abuse of a client by DSHS employee, volunteer, licensee or contractor.</b></li> <li>6. Alleged <b>sexual assault of a child</b> by DDD client.</li> <li>7. <b>Clients missing from SOLA or RHC</b> in cases where a missing person report is being filed with law enforcement.</li> <li>8. <b>Injuries resulting from abuse/neglect</b> or unknown origin requiring hospital admission.</li> <li>9. <b>Client arrested</b> with charges or pending charges for a violent crime.</li> </ol>	<ol style="list-style-type: none"> <li>1. Alleged or suspected <b>criminal activity</b> (including abuse, neglect and exploitation) by a DSHS employee, volunteer, licensee or contractor.</li> <li>2. <b>Criminal activity by clients</b> <u>resulting in a case number</u> being assigned by law enforcement.</li> <li>3. <b>Sexual abuse</b> of a client not reported under column A.</li> <li>4. <b>Injuries</b> resulting from <b>client to client</b> abuse <u>requiring medical treatment beyond First Aid.</u></li> <li>5. <b>Injuries of known cause</b> (other than abuse) resulting in hospital admission.</li> <li>6. <b>Missing person:</b> (see definitions).</li> <li>7. <b>Death of client</b> (not suspicious or unusual).</li> <li>8. Eastern or Western State Hospital admissions.</li> </ol>	<ol style="list-style-type: none"> <li>1. Serious injuries of known origin requiring medical treatment <b>beyond First Aid</b> but not hospital admission. RHCs may use discretion (see Definitions).</li> <li>2. <b>Life-threatening medically emergent conditions:</b> medical conditions that cannot be classified as injuries.</li> <li>3. <b>Mental health inpatient admission</b> to a psychiatric facility other than Eastern/Western State Hospitals.</li> <li>4. Non-accidental <b>property destruction</b> by a client <b>over \$200.</b></li> <li>5. <b>Emergency use of restrictive procedures and physical intervention techniques.</b></li> <li>6. <b>Neglect</b> (see Definitions).</li> <li>7. <b>Substantiated findings reported</b> by APS, CPS, or RCS.</li> <li>8. Patterns of <b>client to client abuse.</b></li> <li>9. <b>Medication error</b> (see Definitions).</li> <li>10. <b>Sexual exploitation</b> not otherwise reported under Column B (1 or 3).</li> <li>11. <b>Serious Community Protection Program treatment violations</b> not otherwise defined.</li> <li>12. <b>Suicide threat/attempt/gesture</b> (see Definitions).</li> </ol>